VILLA MARINA HEALTH/REHABILITATION

35 NORTH 28TH STREET

SUPERIOR	54880	Phone: (715) 392-3300		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	72	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	72	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	72	Average Daily Census:	69

Services Provided to Non-Residents		Age, Gender, and Primary Di	_			Length of Stay (12/31/03)	96	
Home Health Care	No			Age Groups	~ 용	Less Than 1 Year	25.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	29.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4	More Than 4 Years	20.8	
Day Services	No	Mental Illness (Org./Psy)	4.2	65 - 74	9.7			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	27.8		75.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.8	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.3	Full-Time Equivalent		
Congregate Meals No		Cancer 8.				·   Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	16.7		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	19.4	65 & Over	98.6			
Transportation	No	Cerebrovascular	9.7			RNs	9.5	
Referral Service	No	Diabetes	1.4	Gender	왕	LPNs	11.1	
Other Services	No	Respiratory	4.2			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	36.1	Male	16.7	Aides, & Orderlies	44.3	
Mentally Ill	Yes			Female	83.3			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	5.3	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.8
Skilled Care	13	100.0	302	36	94.7	132	0	0.0	0	21	100.0	158	0	0.0	0	0	0.0	0	70	97.2
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		38	100.0		0	0.0		21	100.0		0	0.0		0	0.0		72	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	lons, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Ferrod					% Needing		Total
Percent Admissions from:	j	Activities of	96	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.5	Bathing	27.8		50.0	22.2	72
Other Nursing Homes	0.0	Dressing	27.8		50.0	22.2	72
Acute Care Hospitals	96.8	Transferring	27.8		50.0	22.2	72
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.8		50.0	22.2	72
Rehabilitation Hospitals	0.5	Eating	83.3		5.6	11.1	72
Other Locations	0.0	******	*****	*****	*****	******	*****
otal Number of Admissions	188	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	6.9	Receiving Resp	iratory Care	16.7
Private Home/No Home Health	49.7	Occ/Freq. Incontinen	t of Bladder	40.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	21.6	Occ/Freq. Incontinen	t of Bowel	40.3	Receiving Suct	ioning	1.4
Other Nursing Homes	3.8				Receiving Osto	my Care	6.9
Acute Care Hospitals	5.9	Mobility			Receiving Tube	Feeding	2.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	4.2	Receiving Mech	anically Altered Diets	26.4
Rehabilitation Hospitals	0.5						
Other Locations	1.1	Skin Care			Other Resident C	haracteristics	
Deaths	17.3	With Pressure Sores		4.2	Have Advance D	irectives	84.7
otal Number of Discharges	j	With Rashes		1.4	Medications		
(Including Deaths)	185				Receiving Psyc	hoactive Drugs	51.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:			
	This	Pro	prietary	50	-99	Ski	lled	Al	1	
	Facility	Facility Peer Gro		Peer	Group	Peer	Group	Faci	ilities	
	%	8	Ratio	용	Ratio	8	Ratio	િ	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.8	86.2	1.11	87.1	1.10	88.1	1.09	87.4	1.10	
Current Residents from In-County	98.6	78.5	1.26	81.0	1.22	82.1	1.20	76.7	1.28	
Admissions from In-County, Still Residing	19.1	17.5	1.09	19.8	0.97	20.1	0.95	19.6	0.97	
Admissions/Average Daily Census	272.5	195.4	1.39	158.0	1.72	155.7	1.75	141.3	1.93	
Discharges/Average Daily Census	268.1	193.0	1.39	157.4	1.70	155.1	1.73	142.5	1.88	
Discharges To Private Residence/Average Daily Census	191.3	87.0	2.20	74.2	2.58	68.7	2.79	61.6	3.10	
Residents Receiving Skilled Care	100	94.4	1.06	94.6	1.06	94.0	1.06	88.1	1.14	
Residents Aged 65 and Older	98.6	92.3	1.07	94.7	1.04	92.0	1.07	87.8	1.12	
Title 19 (Medicaid) Funded Residents	52.8	60.6	0.87	57.2	0.92	61.7	0.86	65.9	0.80	
Private Pay Funded Residents	29.2	20.9	1.39	28.5	1.02	23.7	1.23	21.0	1.39	
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00	
Mentally Ill Residents	4.2	28.7	0.14	33.8	0.12	35.8	0.12	33.6	0.12	
General Medical Service Residents	36.1	24.5	1.48	21.6	1.68	23.1	1.56	20.6	1.76	
Impaired ADL (Mean)	40.6	49.1	0.83	48.5	0.84	49.5	0.82	49.4	0.82	
Psychological Problems	51.4	54.2	0.95	57.1	0.90	58.2	0.88	57.4	0.90	
Nursing Care Required (Mean)	7.5	6.8	1.10	6.7	1.11	6.9	1.08	7.3	1.02	